

<b>STATEMENT OF PRISONER'S PERSONAL DEPOSIT FUND ACCOUNT AND REQUEST FOR WITHDRAWAL OF PERSONAL FUNDS</b> For use of this form, see AR 210-174; the proponent agency is USAFAC.	<b>DATE OF REQUEST</b>
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**DATA REQUIRED BY THE PRIVACY ACT OF 1974**

AUTHORITY: Title 10, USC, Sec 3012.  
 PRINCIPAL PURPOSE: To verify information given on Statement of PDF to insure funds are withdrawn from proper account.  
 ROUTINE USE: Information is used to verify withdrawal of funds from PDF.  
 DISCLOSURE & EFFECT: Voluntary. If information is not provided, request cannot be completed.

<b>TO:</b> <i>(Custodian of Personal Deposit Fund)</i>	<b>FROM:</b> <i>(Name of prisoner, register number, location, and SSN)</i>
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1. Request withdrawal from my personal deposit fund account the sum of \$ \_\_\_\_\_.

\_\_\_\_\_ dollars and \_\_\_\_\_ cents.  
*(Write out amount in words)*

I authorize the payment of the above amount to: \_\_\_\_\_  
*(Name) (If an individual, indicate relationship to you.)*

\_\_\_\_\_ *(Street address)* \_\_\_\_\_ *(City, State, and Zip Code)*

The purpose of this withdrawal is: \_\_\_\_\_

If ordering clothing, specify release date: \_\_\_\_\_

\_\_\_\_\_  
*(Signature of Prisoner)*

2. RECOMMEND APPROVAL <i>(As required)</i>			3. APPROVAL
Date	Title	Initials	<i>(Typed/Printed Name &amp; Signature)</i>
			Date

4. NOTIFICATION OF EXPENDITURE		
PAID TO	VOUCHER NO.	AMOUNT
	REQUEST NO.	DATE PAID

5. NOTIFICATION OF ACCOUNT STATUS

At the close of business \_\_\_\_\_ *(Date)* your account balance is \$ \_\_\_\_\_.

At the time of your physical transfer \_\_\_\_\_ *(Date)* the balance of your account is \$ \_\_\_\_\_.

At the time of your physical release \_\_\_\_\_ *(Date)* the balance of your account is \$ \_\_\_\_\_.

6. DATE	7. TYPED NAME OF CUSTODIAN	8. SIGNATURE OF CUSTODIAN
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9. If you have reason to believe an error exists, you must notify the custodian by completing the statement below.

The correct balance is believed to be \$ \_\_\_\_\_  
 State reason:

\_\_\_\_\_  
*(Signature of Prisoner)*